FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element 2. Federal Grant or Other Identifying Number Assigned OMB Approval to Which Report is Submitted By Federal Agency No. General Services Administration -CFDA 39.011 SEC 102 0348-0039 pages 3. Recipient Organization (Name and complete address, including ZIP code) New York State Board of Elections, 40 Steuben Street, Albany, NY 12207 5. Recipient Account Number or Identifying Number 4. Employer Identification Number 6. Final Report 7 Basis ☐ Yes ☑ No 🖾 Cash 🔲 Accrual 8. Funding/Grant Period (See instructions) 9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) From: (Month, Day, Year) To: (Month, Day, Year) 6/16/2003 1/1/2005 12/31/2005 10. Transactions: 1 Previously Reported This Period Cumulative a. Total outlays 0.00 0.00 b. Refunds, rebates, etc. 0.00 Program income used in accordance with the deduction alternative 0.00 Net outlays (Line a, less the sum of lines b and c) 0.00 0.00 0.00 Recipient's share of net outlays, consisting of: 0.00 e. Third party (in-kind) contributions Other Federal awards authorized to be used to match this award 0.00 Program income used in accordance with the matching or cost 0.00 sharing alternative h. All other recipient outlays not shown on lines e, f or g 0.00 i. Total recipient share of net outlays (Sum of lines e, f, g and h) 0.00 0.00 0.00 Federal share of net outlays (line d less line i) 0.00 0.00 0.00 k. Total unliquidated obligations I. Recipient's share of unliquidated obligations m. Federal share of unliquidated obligations n. Total Federal share (sum of lines j and m) 0.00 o. Total Federal funds authorized for this funding period 52,189,166.82 p. Unobligated balance of Federal funds (Line o minus line n) 52,189,166.82 Program income, consisting of: q. Disbursed program income shown on lines c and/or g above r. Disbursed program income using the addition alternative s. Undisbursed program income t. Total program income realized (Sum of lines q, r and s) 0.00 Type of Rate (Place "X" in appropriate box) □ Provisional □ Predetermined Final 11. Indirect Fixed Expense Rate Base d. Total Amount Federal Share 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Column III Row 10o of the Total Federal Funds Authorized includes interest income of \$1,725,085.33 for 1/1/2005 -12/31/2005 \$571,953.77 for 1/1/2004 - 12/31/2004 and \$288,210.72 for 1/1/2003 - 12/31/2003. 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. Typed or Printed Name and Title Telephone (Area code, number and extension) Peter S. Kosinski, Co-Executive Director (518) 474-6236

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Signature of Authorized Certifying Official

269-104

Standard Form 269 (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110

Date Report Submitted February 27, 2006